

Dear Hampshire and Isle of Wight Integrated Care Board,

Following the announcement of the consultation on proposed changes to hospitals in Hampshire, this letter sets out the response of Andover Town Council. This response was drafted collaboratively by a group of elected councillors and represents a cross-party response to enunciate the key issues for residents in Andover.

In terms of structuring the response, we have used the key set of questions that the ICB provided to Test Valley Borough Council that they would like answered by respondents to the consultation. This letter responds to each in turn, aiming to be as comprehensive as possible.

***Are there clear reasons to make changes to hospital services in Hampshire?***

Whilst we understand that there are cost pressures on HHFT and that the Basingstoke hospital estate is a cause for concern, our focus is to improve services for Andover residents.

***What do you think of our proposed model of care?***

The proposals are too hospital centric and ignore primary and community care issues. The proposed model of care is not really holistic and as systematic as it should be in terms of Andover which does have a hospital but that is barely mentioned in the options. Therefore, within the limited information available we would question the synchronisation of services available to us and whether the money spent provides the best option let alone value for money.

***Which of the potential locations do you think would be best, if either of them?***

Dummer has many attractions for Andover residents. However, at the moment whilst the site is readily accessible by car, there is exceptionally limited public transport. This will affect many of our more vulnerable and less well-off residents. It also raises concerns over how staff will access the site.

***What do you think about the options?***

The options considered are limited and seem a rehash of previous positions. We also seem to be focused too much on the current set of sites and historical precedent. Population and demographics have changed. For example, while Andover is now bigger than Winchester, we still seemed to be focused on putting all our eggs into the Basingstoke and Winchester baskets. At the moment, Andover residents have two options in HHFT to go to for A&E and other issues: either Basingstoke or Winchester. Furthermore, we also have other options at Salisbury and many services are driven from Southampton. Overall, in terms of this consultation, option 2 the preferred option is probably the best, but we note that HHFT has already started apportioning its services often without informing the public. For example, we know examples where emergencies have been taken by the

public to Winchester A&E but actually the specialist consultant provision was at Basingstoke.

***What do you think the advantages and disadvantages could be and how could we reduce any negative impact?***

With the exception of accessibility and the creaking infrastructure of Basingstoke, there is insufficient understanding of the factors driving the options. We are not clear whether there is enough money in the pot, and there are questions over the number of beds that will be provided as well as the ability and capacity to generate the staff required. Provision of services at Andover whether outpatient and inpatient will go a long way to mitigate risks for our residents.

Our experience of the Minor Injuries Unit at Andover raises questions about Winchester's UTC. As far as maternity services are concerned, we can see the increasing centralization which may be no bad thing with higher risk births. Running planned surgery services at Winchester also has advantages but the question will arise why are we already not doing this? Is it shortage of staff or facilities? If there is a shortage of staff, then centralising at Winchester may not improve matters.

***Are there any other options, solutions, evidence, or information we should consider before making our final decision?***

From an Andover perspective we would have preferred a more systematic look at how services fit across the HHFT area. There was very little in the way of the roles of primary and community care which provide important factors in preventing us going into the hospital system. Treatment in the community is significantly cheaper than treatment in hospitals.

***Conclusion***

Of the options proposed, Option 2 appears to be the most viable. However, it would have been more useful, and convincing, if we had a wider articulation and consideration, of all NHS services in the area.

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Lead author for Andover Town Council